

# Lessons From the Practice

## A Suitcase Full of Pills

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In 1978 I worked at the medical school of Ben-Gurion University in Beersheva, Israel. As part of my duties I traveled each week to a rather remote town to run an evening clinic. Before the clinic I had dinner in the town's only restaurant. After a few visits, Nathan, the owner-cook-waiter of this establishment asked me if I could sign his disability papers every month and thereby save him a six-hour, back-and-forth bus trip to the hospital. I told him that if the papers were in order I would be happy to sign them, and because they were, I did.

Then he asked another question: would I also be willing to renew his medications for him. Let me see them, I said, and probably I would.

To my dismay he returned with a large suitcase. Inside the suitcase were multiple bottles containing all sorts of medications. We sorted them out on the table; with that collection this man could have opened a pharmacy. He had a wide variety, and some were over ten years old. But what was most striking was that none of the bottles were open.

I asked him about that. "I don't take any of this. Pills are bad for you," he said.

"But you get them filled," I said. "I know they're free with your insurance, but you do have to pay the service charge. Why do you get them if you don't take them?"

He smiled. "My doctors are wonderful," he said, "and doctors like to give you pills. Every time I see my doctors they give me pills. If I didn't take them it would hurt their feelings."

I couldn't find any medication he really needed, particularly since he hadn't been taking any. I explained to him that it wouldn't hurt my feelings at all if he didn't take the pills, and he was pleased to hear it. I carted all the bottles back to the hospital pharmacy to see if at least some could be used. And I thought about his clinic chart, which probably had comments from his physicians about how many medications he was

taking and how fond of taking medications he was. I was certain that "polypharmacy" was listed as a problem.

I had dinner in his restaurant every Wednesday night for the next six months. Although he did have a permanent disability from a previous injury, he never took a pill during that time and did very well without them. He always enjoyed introducing me to customers as the doctor who took all his pills away.

Recently I was preparing to give antibiotics to a patient with an upper respiratory tract infection. I felt she really didn't need them but would probably want them. She took me by surprise when she asked if she really had to take them. If it was all right with me, she explained, she would rather try a few days without them. I agreed, told her to drink lots of fluids and get plenty of rest. When we called her a few days later she was much better, and she told my nurse she hoped she hadn't hurt my feelings and how happy she was to have a doctor who didn't "push pills."

It was a good reminder, and it brought back memories of Nathan. I had forgotten what he taught me along with the good dinners he gave me: Before we complain about our patients always wanting us to give them medications, we should make certain that when we write a prescription we are not meeting our own needs instead of theirs.

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*"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.*

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